

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT		TIME	2. ADDRESS OF OCCURRENCE			3. LOCATION CODE	4. BEAT/OCCURR	5. VIDEO RECORDED INCIDENT		
	05-OCT-2016		10:28:00	4749 W ROOSEVELT CICERO, IL			304	3100	<input type="checkbox"/> 01 BWC	<input checked="" type="checkbox"/> 02 IN-CAR CAMERA	<input type="checkbox"/> 03 OTHER REPT VIDEO
	6. POSITION	7. LAST NAME	8. FIRST NAME		9. STAR NO.	10. SEX	11. RACE CODE	12. AGE	13. HT.	14. WT.	
	9161	MURILLO	VERONICA		9631	<input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	S		505	157	
	15. DATE OF APPT.		16. EMPLOYEE NO.		17. UNIT & BEAT OF ASSIGNMENT		18. DUTY STATUS	19. MEMBER INJURED?	20. MEMBER IN UNIFORM?		
	21-JUN-1999		015		1532		<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	21. LAST NAME		22. FIRST NAME		23. M.I.	24. SEX	25. RACE	26. D.O.B.	27. HT.	28. WT.	
	HUFF		PARTA			<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK	04-JUN-1988	600	200	
	29. ADDRESS 1936 8TH MAYWOOD, IL			30. TELEPHONE NO.		31. WAS SUBJECT ARMED? HANDS/FISTS		32. SUBJECT INJURED BY MEMBER?	33. SUBJECT ALLEGED INJURY BY MEMBER?		
						<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None										35. WHERE WAS MEDICAL TREATMENT OBTAINED? LORETTO HOSPITAL	
36. BY WHOM? DR JOHNSON					37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
38. CHARGES PLACED					<input type="checkbox"/> DNA		39. CB NO.	IR NO.	<input type="checkbox"/> DNA		
***** PLEASE SEE NEXT PAGE *****										19380592	
SUBJECT INFORMATION <input type="checkbox"/> DNA	40. PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE		
	DID NOT FOLLOW VERBAL DIRECTION	<input checked="" type="checkbox"/>	FLED	<input type="checkbox"/>	IMMINENT THREAT OF BATTERY	<input type="checkbox"/>	ATTACK WITH WEAPON	<input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	<input type="checkbox"/>	
	STIFFENED (DEAD WEIGHT)	<input checked="" type="checkbox"/>	PULLED AWAY	<input checked="" type="checkbox"/>	OTHER _____		ATTACK WITHOUT WEAPON	<input checked="" type="checkbox"/>	WEAPON	<input type="checkbox"/>	
	DOTHER _____		OTHER _____		PERCEIVED AS _____		OTHER _____		OTHER _____	<input type="checkbox"/>	
	MEMBER PRESENCE	<input checked="" type="checkbox"/>	OPEN HAND STRIKE	<input type="checkbox"/>	ELBOW STRIKE	<input type="checkbox"/>	KNEE STRIKE	<input type="checkbox"/>	FIREARM	<input type="checkbox"/>	
	VERBAL COMMANDS	<input type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING	<input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/>	KICKS	<input type="checkbox"/>			
	ESCORT HOLDS	<input type="checkbox"/>	OC CHEMICAL WEAPON	<input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40)	<input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/>			
	WRISTLOCK	<input type="checkbox"/>	CANINE	<input type="checkbox"/>	OTHER _____		OTHER _____		OTHER _____		
	ARMBAR	<input type="checkbox"/>	TASER (Probe Discharge)	<input type="checkbox"/>							
	PRESURE BENSITIVE AREAS	<input type="checkbox"/>	TASER (Contact Stun)	<input type="checkbox"/>							
CONTROL INSTRUMENT	<input type="checkbox"/>	TASER (ARC Cycle)	<input type="checkbox"/>								
OC/CHEMICAL WEAPON W/AUTHORIZATION	<input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>								
LRAD WITH AUTHORIZATION	<input type="checkbox"/>	TASER (Spark Displayed)	<input type="checkbox"/>								
OTHER _____		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>									
OTHER _____		OTHER _____									
41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)					RANK	STAR NO.	UNIT NO.	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member				
46. WEAPON TYPE <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER					47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		48. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	49. WEATHER CONDITIONS CLEAR			
50. MAKE/MANUFACTURER					51. MODEL		52. BARREL LENGTH	53. CALIBER/GAUGE			
54. TASER DART ID NO.		55. WEAPON SERIAL NO. (Include Letters)			56. CHICAGO GUN REG. NO.		57. IL FIREARM OWNER ID. NO.			58. HANDGUN CERTIFICATE NO.	
59. SPECIAL WEAPON CERTIFICATE NO.		60. PROPERTY INVENTORY NO.			61. TYPE OF AMMUNITION USED		62. ND. OF WEAPONS DISCHARGED BY THIS MEMBER.		63. TOTAL NO. OF SHOTS MEMBER FIRED		
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 DOTHER (Specify) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 DEFENDER		65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 DOTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)				
68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD					70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				
71. DESCRIBE PROTECTIVE COVER USED (LIGHT PDLES, DODGEWAYS, CAR, FURNITURE, ETC)					72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.						
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION					74. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)						
75. EVENT NO. 1627905409										76. R.R. NO. HZ461867	

CASE INFORMATION	77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> OSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			75. EVENT NO. 1627905409
	78. ADDITIONAL INFORMATION			
SIGNATURES	79. REPORTING MEMBER (Print Name) MARTIN, DALE J 05-OCT-2016 20:03:34	STAR/EMPLOYEE NO. 2065	SIGNATURE 	
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.			
	80. REVIEWING SUPERVISOR (Print Name) MARTIN, DALE J	STAR NO. 2065	SIGNATURE 	DATE REVIEWED TIME 05-OCT-2016 20:49:51
				76. R.O. NO. HZ461867

SUBJECT
INFORMATION

40. CHARGES PLACED

720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/31-1-A-7, 625 ILCS 5.0/11-501-A-6, 625 ILCS 5.0/11-601-A, 625 ILCS 5.0/6-101, 625 ILCS 5.0/3-707, 625 ILCS 5.0/3-701-1

DNA

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

 DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Subject is currently under investigation for a felony offense. Felony charges are pending. An interview at this time could compromise the integrity of the investigation and as such, no interview took place. Subject received medical treatment and was released from Loretto Hospital, where he was seen by Dr. Johnson.

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

After reviewing the information available at this time, including available reports and BWC footage for P.O. Warner #11510, R/Lt has concluded that the subject was an assailant. Subject battered multiple officers and resisted arrest. Taser was deployed multiple times by Officers Moussa #5509, and Thomas #15858, to subdue the subject. IPRA was notified. A complaint log number was obtained, under CL#1082513.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1082513 OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

FREITAG, THOMAS H

86. TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE
[Redacted]

DATE COMPLETED TIME
05-OCT-2016 22:41:11